



SPONSOR: Rep. Harris & Rep. Longhurst

HOUSE OF REPRESENTATIVES  
152nd GENERAL ASSEMBLY

HOUSE AMENDMENT NO. 1  
TO  
SENATE SUBSTITUTE NO. 1  
FOR  
SENATE BILL NO. 13

1 AMEND Senate Substitute No. 1 for Senate Bill No. 13 by deleting lines 98 through 130 and inserting in lieu  
2 thereof the following:

3 “(c) The assessment imposed under § 1032 of this title is suspended, and a hospital does not have an obligation to  
4 pay the assessment, when the Commission certifies in a notice to the Registrar of Regulations that any of the following  
5 apply:

6 (1) A federal law or rule change by CMS prohibits the type of assessment imposed under § 1032 of this title  
7 or otherwise declares the type of assessment under § 1032 of this title impermissible under Title XIX of the Social  
8 Security Act, 42 U.S.C. §§ 1396 through 1396w-7.

9 (2) CMS does not permit the State to use the assessment imposed under § 1032 of this title for the State’s  
10 share of Medicaid program expenditures without a loss of federal matching funds.

11 (d) The assessment imposed under § 1032 of this title shall resume, after a suspension initiated under subsection  
12 (c) of this section, on the earlier occurrence of one of the following:

13 (1) The Commission certifies in a notice to the Registrar of Regulations of the enactment of an Act of the  
14 General Assembly modifying this subchapter or Subchapter III of this chapter that resolves the condition precipitating  
15 the suspension.

16 (2) The Commission certifies in a notice to the Registrar of Regulations that the condition precipitating the  
17 suspension has been resolved.

18 (e) The Registrar of Regulations shall publish in the next issue of the Register of Regulations a certification under  
19 subsection (c) or (d) of this section provided to the Registrar of Regulations.”.

20 FURTHER AMEND Senate Substitute No. 1 for Senate Bill No. 13 at line 174 by deleting “Seventy-two percent”  
21 and inserting in lieu thereof “Sixty-six percent”.

FURTHER AMEND Senate Substitute No. 1 for Senate Bill No. 13 at line 176 by deleting “Twenty-eight percent” and inserting in lieu thereof “Thirty-four percent”.

FURTHER AMEND Senate Substitute No. 1 for Senate Bill No. 13 by deleting lines 303 through 326 in their entirety and inserting in lieu thereof the following:

“(e) Modifications –

(1) The Commission shall, in collaboration with the Division of Medicaid and Medical Assistance and the Delaware Health Care Commission, develop and recommend to the General Assembly modifications of Subchapter II of this chapter and this subchapter necessary to assure the assessment imposed under § 1032 of this title meets eligibility requirements for federal financial participation under Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 through 1396w-7.

(2) The Commission shall meet to develop and approve recommendations to the General Assembly with regard to modifications of Subchapter II of this chapter and this subchapter.

(3) The Commission shall submit a report to the General Assembly detailing any recommended modifications of Subchapter II of this chapter or this subchapter approved by the Commission. The report shall include a redline showing any recommended changes. The Commission shall submit the report to all of the following:

a. The President Pro Tempore and Secretary of the Senate, for distribution to all Senators.

b. The Speaker and Chief Clerk of the House of Representatives, for distribution to all Representatives.

c. The Controller General.

d. The Director and Librarian of the Division of Research of Legislative Council.”.

FURTHER AMEND Senate Substitute No. 1 for Senate Bill No. 13 by deleting lines 328 and 329 in their entirety and inserting in lieu thereof the following:

“(1) The Commission is a public body, subject to the open meetings requirement of § 10004 of Title 29; provided, however, that the Commission may schedule and conduct private meetings with hospitals when the content of the discussion will include information that is commercial or financial information of a privileged or confidential nature.”.

FURTHER AMEND Senate Substitute No. 1 for Senate Bill No. 13 by inserting after line 338 the following:

“Section 7. On or before September 1, 2025, and on or before September 1, 2026, each hospital that has or will receive increased payments under § 1043 of Title 16 shall submit a report to the Hospital Quality and Health Equity Assessment Commission (Commission) detailing how the increased payments have been or will be used by the hospital to improve the quality of health care and services for Medicaid patients. The Commission shall collate and forward the

52 hospital reports to the General Assembly on or before October 15 of each of those years by delivering a copy to all of the  
53 following: the President Pro Tempore and Secretary of the Senate, the Speaker and Chief Clerk of the House of  
54 Representatives, the Controller General, and the Director and Librarian of the Division of Research of Legislative  
55 Council.”.

#### SYNOPSIS

This amendment removes the ability of the Hospital Quality and Health Equity Assessment Commission to make statutory changes directly. The Commission will instead submit recommendations on statutory changes to the General Assembly for additional action.

This amendment also specifies that Commission meetings must follow open meeting requirements except that the Commission may hold private meetings if commercial or financial information of a privileged or confidential nature is under discussion.

This amendment requires reports in 2025 and 2026 from the hospitals that have or will receive increased payments through the operation of this legislation describing how the funds have or will be used.

This amendment updates the split in percentages of the funds used for increased payments to hospitals versus other approved uses of the funds.